

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15169**
 FILED **APR 29 1953** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **4401** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Pascola		c. CITY (If outside corporate limits, write RURAL and give township) Pascola 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Conway c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) April 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 16, 1873
9. AGE (In years last birthday) 79		10. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alex Walker	13b. MOTHER'S MAIDEN NAME Nancy ?	14. NAME OF HUSBAND OR WIFE Rebecca G. Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jack Walker ADDRESS 1024 W. Atherston Rd. Flint Mich

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic poisoning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Renal insufficiency			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 003X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-18**, 19**52**, to **4-12**, 19**53**, that I last saw the deceased alive on **4-13**, 19**53**, and that death occurred at **4:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. D. Kaiser (Degree or title) MD		23b. ADDRESS Hayti, Mo.		23c. DATE SIGNED 4-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-16-53	24c. NAME OF CEMETERY OR CREMATORY East Woodlawn	24d. LOCATION (City, town, or county) Hayti, Mo.	(State) Mo.	
DATE REC'D BY LOCAL REG. 4-24-53	REGISTRAR'S SIGNATURE John W. German	406-0		25. FUNERAL DIRECTOR'S SIGNATURE John W. German ADDRESS Hayti, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

4-147-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed

John H. Herman

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *Hayti, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.